UTAH UST PRECISION TESTER APPLICATION

Applicant Name:						FOR STATE USE ONLY			
Employer Na	me:					Test Score	e:	_ Pass/Fail	
Address:						Fee Processed:			
City, State, Zip:						Certificate No.: UT			
Telephone Number: Fax Number						Expiration Date:			
Email Addres	SS:								
[] Please do no	ot put my employer name	on the co	ertificate or card						
]	FINA	NCIAL ASS	SURANCE					
Documentation	on of financial assura	nce mu	st be submitted	l with the appli	ication.				
Insurance, typ	pe, and amount:								
	largest underground uployer during the pre					by the ap	plicant or	the	
Applicants fin	nancial assurance is p	rovided	d by the one ma	arked below:					
[]	Applicant (i.e., AGGREEMENT.	self	assurance).	Complete	FINAN	CIAL A	SSURAN	ICE	
[]	Employer (Comparrequired below) cor	, ,					ion Signa	ture	
Employers Signature:					_ Date: _	Date:			
Print Name:					Date:				
			TRAININ	l G					
Organization	Providing Training:								
Training Date	<u>.</u> .			Exam	n Date:				

TRAINING FOR TESTING EQUIPMENT

Manufacturer of Equipment:							
Type of Equipment: [] Tank Testing Equipment [] Line Testing Equipment							
Organization Providing Training: Location of Training:	Phone: Date:						
EPA VALIDAT	ΓΙΟΝ						
Documentation of third-party evaluation must	be submitted with the application.						
[] The testing equipment described above has been ex	The testing equipment described above has been evaluated by an independent laboratory.						
The Tank Testing Equipment has demonstrated the ability to recognize a 0.1 gallon per hour leak rate with a probability of detection of 0.95 and a probability of false alarm of 0.05 from any portion of the tank that could contain product.							
	The Line Testing Equipment has demonstrated the ability to recognize a 0.1 gallon per hour leak rate at one and one-half times the operation pressure.						
detect 0.1 gallon leak rate with a probability of	Another method approved by the Executive Secretary (UST) had demonstrated the ability to detect 0.1 gallon leak rate with a probability of detection of 0.95 and a probability of false alarm of 0.05 from any portion of the tank system that could contain product.						
Laboratory Performing Testing: Location of Testing:	Phone: Date:						
UTAH CERTIFICA	TION FEE						
Date of Payment:	Amount: \$						
Please return completed application and	fee to the following address:						
UTAH DEPARTMENT OF ENVIR DERR/UST SEC 168 NORTH 1950 WEST SALT LAKE CITY, U	CTION Γ, 1 ST FLOOR						
I hereby certify that the forgoing information is true and to for the UST Tester in the Utah Administrative Code Section of performance as outlined in Section R311-201-6. I undinformation in this application may result in revocation in	on R311-201. I will conform to the standards derstand that submittal of false or misleading						
Signature:	Date:						